



Summer School Health Original Credit Application

PART I Student Information

Name: _____ ID: _____ Date: _____

Email Address: _____ Phone Number: _____

Name of Course: Health (.5 credit) Is the student an athlete? YES/NO (circle one)

IMPORTANT NOTE: While it is *unlikely* that a student athlete will need the local elective Health credit for NCAA eligibility purposes, please be advised that Edgenuity coursework in FBISD does not meet approval criteria for the NCAA at this time. Please see your counselor if you have questions or concerns regarding this information.

PART II Guidelines

1. This opportunity is only for students who will be in the 9th grade in the 2015-2016 school year.
2. Student must have transportation to and from both the Start-Up Session and Final Exam.
3. Students will need to attend a Start-Up session to obtain instructions and login information.
4. Students must have an active email account to communicate with Campus Staff.
5. Final exams must be taken at the home campus and may be taken only **ONCE**. Students must have a photo ID to verify identity.
All coursework must be completed before taking the final exam.
6. To earn credit, students must have an overall average of at least 70 **AND** achieve a minimum score of 65 on the final exam.

PART III Registration

Registration will be at Kempner HS at the front desk May 18th through June 10th.
Summer hours (June 8th – June 10th): 8:00am – 5:00pm

(check one session)

- Session I June 15 – July 2, 2015 Final Exam July 2, 2015
- Session II July 13 – July 30, 2015 Final Exam July 30, 2015

*Start up Session will be at 7:30am – 8:30am the first day of each session in Room 218

Summer O-Lab: A computer lab will be available on campus for students to work on coursework and complete testing Monday – Thursday from 8:00am to 12:00pm in Room 218.

PART IV Cost: \$50.00 for students not on free/reduced lunch (cash only)
(please have exact amount) \$25.00 for students on free/reduced lunch (cash only)
Cost is non-refundable after June 17.

If you have questions, please contact the counseling office at 281.634.2316

Parent/Guardian Signature for Approval of Original Credit: _____

Signature of Student Applicant: _____

Counselor Signature for Participation: _____

Administrator Signature: _____ Date: _____

For Office Use Only: Date Paid _____ Bookkeeper signature _____ Paid (circle one) \$50 \$25